THE OHIO MEDICAL REPOSITORY.

Printed by Wm. H. Woodward, 137. Main-st., on the first and third Wednesdays of every month.

"SPECTEMUR AGENDO."

Communications, post paid, addressed to the Editor, or W. H. Woodward, will receive attention.

NO. XI. CINCINNATI, AUGUST 30, 1826. VOL. I.

In our eighth number was inserted an article on "The climate of the Western Country," taken from "THE FAMILY PHYSICIAN," a medical work, now publishing by William Hill Woodward, of this place.

We have the satisfaction of stating that, in a few days, this *Western production* will be offered to the public: and here insert two more brief articles which, it is trusted, will not be found of interest inferior to the former.

OF NURSING THE SICK.

We have thought it advisable to offer in this place a few general observations on the subject of nursing the sick.

Besides administering proper medicines, there are numberless other attentions which are of great importance in assisting to effect a restoration of health. Medicines should be given at a proper time, and in a proper manner; and the system should be supported, if necessary, while under their operation. It is also necessary to be cautious in the administration of drinks and food; to keep the air in the room of a proper temperature; to keep the patient quiet as possible; to demonstrate mildness and kindness, and to watch carefully every alteration in the disease.

By attending the sick, and carefully noticing the various occurrences in diseases, a great degree of accuracy may be acquired, both in distinguishing their symptoms, and in the application of medicines; neither can any theoretical knowledge supply the place of observation and experience in these matters. Indeed, by a close and impartial attention, and by reflecting on passing symptoms and appearances, the intelligent attendant can become of inestimable value to the sick person.

As "the issues of life and death" are often in the hands of a nurse, the office is surely important, and one of the highest responsibility.

Most nurses, however, like too many others of the human race, are rather disposed to exercise their own judgment, than to listen to such instruction as would, perhaps, induce them to forsake practices which they have been taught to believe correct, or to which they adhere merely because they are accustomed to walk in the tracks of their predecessors. Now, much as we venerate the memories of our medical ancestors, and much as we respect even the incorrect well meant intentions of faithful nurses, yet we are not among those who believe that "an old error is better than a modern truth."

But we have not any new fangled notions of our own to advance, or any opinion that does not walk hand in hand with the present improved state of medical science.

It may be received almost as a general rule, that at the commencement of inflammatory diseases, fevers, &c., and when it becomes necessary to take medicine, large doses of inert substances, teas, and the like, are useless and injurious; these are commonly recommended and administered by one or more nurses. Although it may be proper in many cases to try at first a sweat, this can be effected, as will be pointed out in a proper place, more easily, and to far greater advantage, than by deluging the stomach with articles which will have a tendency to destroy its tone. And further, it is very impolitic, when a person is really sick, to suffer the disease, by using inefficient means, to make a stronger head against the efforts of art. The only way to spare the expense of much medicine, to avoid the disagreeable necessity of taking it, and also most likely long sickness, perhaps death, is to use active means immediately: one efficient dose of medicine, taken properly and in time, will do more good than repeated doses at a later period. Many people think that they must be continually giving a sick person something like medicine; this, especially in the early stage of disease, is by no means necessary.*

Very frequently too much is done by nurses for the sick; although in some cases, especially in typhus or nervous fever, when the patient is sinking into stupor and insensibility, it is necessary to give repeated stimulants or tonics; but most frequently after the operation of powerful medicines, nature requires rest and sleep; this, if it can be obtained, is the best cordial.

A sick person may feel tolerably comfortable and strong whilst lying in bed, but will often faint or have to sustain an additional attack of fever if lifted up and placed in a chair, in order that the bed may be made, or for any other purpose. Very sick and weak persons, when taken out of bed, should never be raised in a perpendicular, but moved in a horizontal posture. In yellow fever, and other diseases, many have died instantly on being raised up in bed.

Whenever a patient is much debilitated, a bed pan should, if possible, be obtained, it can at least very seldom be difficult to provide a substitute.

Loquacity in a nurse is a great evil, indeed it is sufficient to counterbalance every other qualification; such conversation as is necessary to cheer the sick person, is advisable; but all other talk serves to distract the patient's mind: whispering is still worse than loud talking, especially if the patient be in a dejected state, or inclined to delirium, suspicions of danger will mostly, by listening to whisperers, be excited and kept afloat in the weakened or wavering intellect. The encouraging countenance of a friend who sits silent by the bed side, is often very consolatory to a sick person, and will mostly do more good than many words, which, owing to the altered or enfeebled state of the patient's perceptions, are not uncommonly misapplied; besides, listening to conversation, by exciting the mind, creates a disposition to, or increases fever.

There are some friends and attendants who, on entering a sick person's chamber, betray too much their fears and apprehensions by their looks: this, perhaps, cannot always be avoided by near relatives; we censure not the expressing that appearance of anxiety which demonstrates a deep interest in the condition of the sufferer. But there are others, who seem to think that a dismal face is requisite in a sick room; such are looked upon by the patient as harbingers of dissolution.

If on any occasion it becomes necessary to warn a sick person of approaching death, it ought to be done by a proper individual, who can command his own feelings, and sustain the fortitude of the person whom he addresses.

The nurse should attend to keeping the air in a sick person's chamber of a comfortable and even temperature. The patient's head should never be placed near a fire, and the feet ought always to be kept warm. Much injury is frequently done by incautiously washing the floors at an improper time, especially when the patient has been taking medicines calculated to relax the surface of the body.

Very considerable judgment can be exercised in getting a sick person to take nourishment when it is thought necessary: some tease the patient by enquiring what would be preferred, and others present messes of food sufficient for a healthy person. Frequently the victuals are cooked in the patient's sight, with much bustle or formal preparation; this is no doubt well meant, but not likely to effect the desired purpose. If the patient's appetite be very weak, it is advisable rather to throw out a hint of something suitable and palatable, to which a partiality had been evinced in early life, without enquiring whether it is wanted, and after administering some innocent cordial, to endeavour again cautiously to tempt the appetite: or there is another plan which we have frequently seen pursued with success. Let the nurse, without consulting the patient, prepare in another apartment, a very small portion of some palatable nourishment, and then offer it unexpectedly. If the functions of digestion are once resumed, the stomach can be gradually led on, until it is able to receive proper food, which should be given in small quantities, and frequently. Neither should the patient be suffered to eat too much, even when considerably advanced in recovery.

When a plan of medical treatment for a sick person is resolved upon, let it not be rendered inefficient by false kindness. Let not the nurse and the patient agree together that *a little less medicine will do*, that *a smaller dose will answer*. Although we recommend that all possible kindness be shown to the sick, and that they be allowed every indulgence that will not injure them—yet firmness is an essential requisite in a nurse—for instance—in many conditions of disease, and in many more than has been generally supposed, water may be drank with impunity; but sometimes water will not quench thirst, and the patient would drink a gallon in an hour if permitted. Here the nurse is called upon to prevent injurious consequences: the stomach ought not in any case be permitted to become overloaded.

When a physician is called to see a patient, his directions should be scrupulously observed, for it is impossible that two contrary modes of practice can agree together; and waving the condition of the patient's interest, it is but common justice, that he, upon whom the responsibility rests, should have a fair opportunity to exert his skill: and this can never be done without the nurse's faithful co-operation."

---

* If any suppose that some of the above observations are not directly relevant to nursing, it may suffice, in explanation, to remark, that in many parts of this country, especially in places remote from towns, where the practice of detached settlements does not authorize the full attendance of physicians, those deemed experienced nurses, have great control over the management of the sick in every respect.

ON THE PASSIONS.

This part of our treatise, may be considered by some as little relevant to the main proposed object—but such is not the case.

In the prevention and cure of diseases, more is frequently required than merely to avoid their physical causes, or to administer medicine.

We, however, propose to avoid all metaphysical reasonings, and as the term mind, will be necessarily used, in order to prevent being misunderstood, define it, when mentioned, to mean the amount of intelligent power resident in man. By a Passion, we understand a violent and exclusive feeling influencing an individual.

We profess not to be acquainted with the essence of mind itself, but are aware of the strong influence exercised over it, by the passions; also of the influence of mental feelings, which may scarcely be termed passions, over the system, in many cases of disease.

Morbid affections of the mind, moreover, surely claim our sympathies in an equal degree, with those causing more bodily pain. A nice observer of human nature has asserted, that "more die of broken hearts than is generally supposed." This observation has been verified, at least by the few, who have studied man as he is, and who have not been content

to rest satisfied with, and form judgments upon first appearances.

Men studiously conceal their weaknesses and faults from observation, and would rather appear deficient in any part, than where they are conscious of imbecility. Thus the miserable equally desire to conceal the real causes of many sufferings: we are speaking now of those who can acutely feel the sense of humiliation.

Parents and friends, by acting cautiously on a knowledge of this fact, for fact it *is*, however it may be questioned, by avoiding direct inquiries, and consulting the temper and bent of a person laboring under melancholy or evident and continued discomposure, will frequently be able to find means by which they can "minister unto a mind diseased."

Common place words of condolence, and common place advice, without any definite bearing, seldom do any good. A deep wound must heal from the bottom, nor should it be probed too rudely; and those only who by patience, prudence, and gentle forbearance, invite the sufferer to confidence, can expect to chase away the gloomy shadows which so often flit around a distempered imagination, or to reduce into calmness and composure, the wavering intellects of a despending fellow creature.

It has been recommended by many able writers, that the attendants of the sick should devote marked attention to soothing that irritability which is consequent to a derangement in the action of the vital functions.

Fretfulness frequently brings on, and always increases fever, as well as pain; while we find that hope, properly encouraged, induces the patient to obedience and fortitude; fortitude may be imparted, and is often needed, for even the firmest at times sink under the pressure of accumulated bodily and mental sufferings, and proper consolation will frequently brace up the system more effectually, than any cordial that can be taken from a cup.

It is when the mind is aroused by the cheering influence of comfortable words, by an affectionate sympathy, and an encouraging expression of countenance, that medicine does the most good, that cordials invigorate, or that suitable nourishment is taken with satisfaction into the enfeebled stomach.

"*Phlegmasia Dolens.* Mr. Davies has stated a case of this affection terminating in sphacelus, and requiring amputation of the limb. Mrs. B. the mother of ten children, had the lower extremities much swelled previously to her accouchement. A tremendious hæmorrhage succeeded delivery, but ceased with the expulsion of the placenta. In four or five days, Mr. Davies took his leave. This was on the 28th of April. On the 5th of May, she again sent for Mr. Davies, and complained of much weakness and relaxation of bowels. These symtoms being removed by appropriate remedies, the patient was suddenly seized, on the 8th of May, with a most excruciating pain in the left loin and hip, which suddenly flew down into the leg and foot. The limb became instantly paralysed, from below the knee to the toes. When Mr. D. arrived, the leg and foot had lost all sensation and power of motion; it also felt cold. The limb was not evidently swelled, but there was a good deal of tenderness in and about the ham. The pulse was from 150 to 160, and extremely feeble —the countenance was expressive of pain and misery. Laudanum was exhibited, in pretty large doses, and gave considerable relief. On the morning of the 9th, (placed the 6th in the statement) the member was a good deal swelled, and the leg and foot completely cold and insensible. On the 10th, the foot and lower part of the leg were purple. On the 11th, much the same as before. Mr. Bramby Cooper saw the patient. There was no positive proofs of sphacelus. The sulphate of quinine was ordered every four hours. Late in the evening, however, some vesicles appeared on the back of the foot, and indicated mortification at hand.

Things went on for several days, and at last a considerable sloughing took place on the lower and back part of the leg, so as to expose the tendo achillis. In consultation, it was deemed advisable to amputate. As soon as the vessels were cut across, the blood in the veins appeared coagulated. Much serum oozed from the stump, when the leg was removed. The thigh of the affected side was, at this time, nearly double the size of the other.

When the arteries of the amputated limb were injected, the wax ran freely out at the sloughing ends of the vessels. The arteries appeared healthy above the line of demarcation. The veins were completely distended with firmly coagulated blood. Their coats were thickened, and their inner surfaces very much inflamed. The small veins were in a state similar to that of the large ones. The nerves were sound. The morbid appearances tend to confirm the truth of Dr. Davies's views of the pathology of phlegmasia dolens. As the patient, however, has recovered, there is no means of ascertaining, at present, how far the inflammation and thickening of the veins proceeded upwards, or whether the coagulation of their contents was owing to a mechanical or vital cause.

For our own parts, we do not consider the disease as one of well-marked phlegmasia dolens at all—at least, it does not correspond with the cases which we have seen, about three or four in number. The symptoms, and the termination was very different from those usually observed in the disease under whose name it is ranked by Mr. Davies. We have no fault, however, to find with that gentlemsn's mode of treatment or management of a formidable affection of very anomalous character.—*Repos.*

P. S. Two or three days after the date of the last report, Mr. D. informs us, in a subsequent No. of the Repository, that the patient was seized with a violent shivering, and nearly died in the attack. By a great quantity of stimulants she was recruited; but another fit came on, the succeding day, and terminated her existence. On dissection, the femoral vein of the affected side was inflamed in the higest degree, and its coats thickened. It was full of coagulated blood. This state of the vein extended throughout the iliac into the cava, nearly as high as the diaphragm. The disease of the vein did not descend at all on the opposite side from its bifurcation. All the small veins, as far as we could perceive, of the diseased limb, were in a similar state; but we must infer that some of them were pervious, otherwise the blood could not have returned from the arteries.—The inner coats of the arteries were red throughout the body.

In the same No. of the Repository, Dr. Davies relates a few particulars of a case of phlegmasia dolens, in the person of a medical gentleman. He was attacked, on the 10th of February 1825, whilst in the last stage of phthisis, in the right thigh and leg, the affection being perfectly characteristic, says Dr. Davies, of phlegmasia dolens. The whole limb was uniformly enlarged and extremely painful up to Poupart's ligament. It had a dull white appearance, and exhibited no indentation from presure. On dissection, the right common internal and external iliac veins seemed unusually prominent, and appeared to the touch, of firm consistence, like cord. Upon opening these veins, they were found to be filled with layers of coagulable lymph, so as to render them completely impervious. This state of disease was traced as far as the upper part of the femoral vein. The corresponding arteries were healthy.

This appears to have been a very different affection from that described by Mr. Davies. *Med. Chir. Rev.*

'*Dr. Barry on the application of Cupping Glasses to Poisoned Wounds.*

The following conclusions are taken from the report of a Committee of the *Academie des Science*, appointed to examine a Memoir by Dr. Barry on the experiments made by him on poisoned wounds:—

"1st. That the immediate application of a cupping-glass to a poisoned wound, will prevent the absorption of the poison, and avert all untoward accidents.

"2nd. That the application of a cupping-glass to a poisoned wound, even after a part of the poison has been absorbed, and has began to produce its proper effect upon the system, will assist the progress of these events, and prevent their recurrence, so long as it is permitted to remain on the part.'

"And 3dly. That after the cupping-glass has been applied to a poisoned wound for a certain time, the poison may be removed from the surface, and all unpleasant consequences averted, by simply washing the part with a little water."

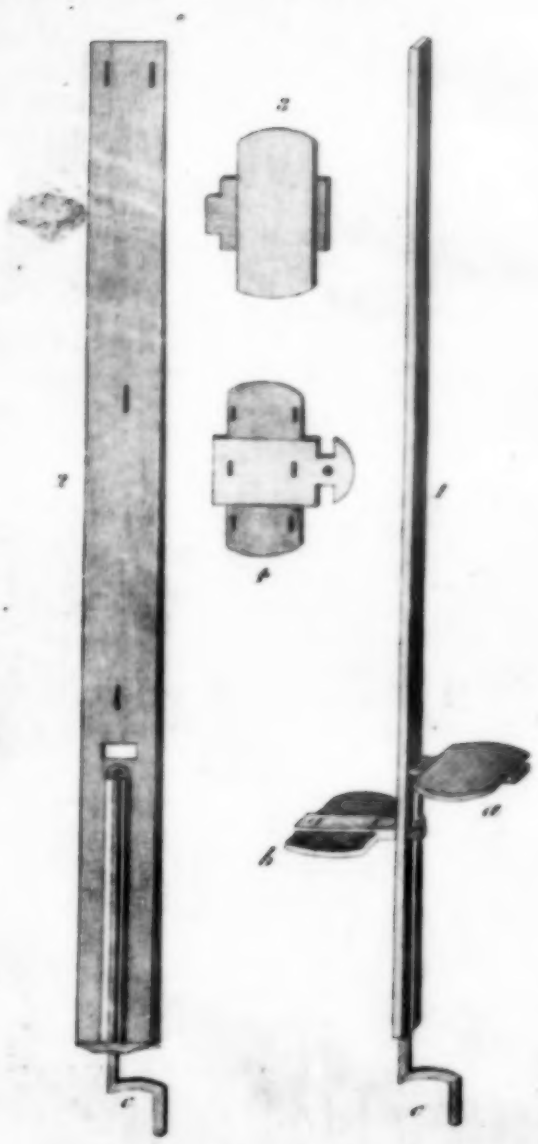
"The accuracy of these statements was fully established before the committee, by experiments performed with various poisons on dogs and rabbits.—The influence, therefore, of atmospheric pressure on the process of absorption, may now be considered as incontestably proved; and the establishment of this fact may, perhaps, be regarded as a discovery, notwithstanding the idea previously put forth by others on the same subject, and the empirical practice of sucking poisoned wounds, which has been so long known to the profession."—*Anderson's Quar. Jour.*

"*Digestion.*—The French Academy of Sciences having last year proposed as a subject to determine, by a series of chemical and physiological experiments, what are the phenomena which succeed one another in the digestive organs during the act of digestion, granted to Messrs. Leuret and Lasseigne the sum of one thousand five hundred francs, in consideration of the numerous and expensive experiments made by them, and the remarkable result obtained. The principal conclusion to be drawn from the researches of these gentlemen is, that digestion, in warm blooded animals, consists in the transformation of the food into organical chylous molecules, after it had been diluted and divided into infinity by the juices of the intestinal canal. These molecules, of a globular state, they consider analagous to monands, or microscopic animacula of the simplest kind. In support of this supposition, they adduce the great quantity of these animacula which are found in the intestines of frogs, and which they also regard as the produce of digestion. If, on the other hand, it may be objected to them, that the stagnant water which these reptiles inhabit contain numbers of these minute beings, which they may probably swallow; it must on the other hand be acknowledged that learned naturalists have expressed a similar opinion, and have considered these animacula as being rather the elementary molecules of animals, and perhaps of vegetables than real animals. In order to shew their sense of the obstacle in the way of the complete solution of the question proposed by the academy, Messrs. Leuret and Lasseigne conclude their memoir as follows. "It is impossible, in the existing state of knowledge, to determine the chemical alterations which food undergoes in the digestive canal, because the means of analysis are insufficient, and because the mixture of food with the juices of the digestive canal, render the results of any experiment exceedingly complicated."

"*Relative quantities of Cinchonia and Quinia in the most esteemed varieties of Peruvian Bark.*——Mr. Bally asserts, that practitioners, from observation, have classed the Peruvian barks in the following order;—first, gray loxa bark, (*Cinchona Officinalis*;) then the red bark (*Cinchona Magnifolia* of Ruiz and Pavon, or *Oblongifolia* of Mutis;) and lastly the yellow bark, or calisaya, (*Cinchona Cordifolia* of Mutis or *pubescens* of Valli.) The *Cinchona Officinalis* furnishes much cinchonia, and little quinia; the *Cinchona Magnifolia* affords about equal quantities of the two salifiable principles, while the *Cordifolia* contains much quinia.

"Mr. Bally, assuming it as approved, that cinchonia is the more powerful salifiable base of the two, in a medical point of view, considers, therefore, that, in regard to the above barks, chemical analysis justifies the order of their relative value, which had been previously deduced from their medical employment.—*Arch. Gen. de Med.* *See N. Am. Jour.*

Cogswell's Splint



al em-
Jour.

CINCINNATI;
WEDNESDAY, AUGUST 30, 1826.

MEDICAL BOTANY.

A description of the WESTERN MEDICAL PLANTS, *including some notice of their Medical virtues; to be selected and described at, or near, the time of their flowering, and continued through the season of Botanical investigation;*

By J. LOCKE, M. D.
Author of the Outlines of Botany,
And Principal of the Cincinnati Female Academy.

Eupatorium Perfoliatum. *Thoroughwort. Boneset.*

This plant, which grows to the height of five to seven feet, in wet places, may in general be known by its long tapering leaves, pierced through the centre by the stem, on which they grow at regular distances, one in one direction, and the next crossing it at right angles, and so on alternately, every other leaf being in one and the same direction. This last circumstance has given to it, in some places, the name of *crosswort*. The under side of the leaf is reticulated by prominent veins, which are so tight as to give it a wrinkled appearance. Stem round, erect, woolly, hollow. Flowers numerous, white, on branches growing from the angle between the leaves and the stem, forming a flat horizontal surface, [*corymbose.*] Each flower has several florets, from each of which project the two white bristle like forks of the pistil. It is found in abundance near Mill Creek, at Walker's Mills, and at various points below, on the banks of the same stream: is now in bloom, and fit to be gathered and dried for use.

Class XIX. Syngenesia. Order I. Equalis.

Natural order, Corymbiferæ.

CHARACTER OF THE GENUS EUPATORIUM. Receptacle naked; down simple or rough; calyx imbricate, oblong; style longer than the corolla, cloven half way down.

CHARACTER OF THE SPECIES. Perfoliatum.—Leaves connato-perfoliate, downy.

CHEMICAL COMPOSITION. "A free acid tannin, extractive matter, a gummy matter, resin, azote, lime, gallic acid, and a resiniform matter." (*Anderson.*) Taste, intensely bitter.

SOLUBILITY. Its virtues are readily and fully yielded both proof, spirit, and water.

MEDICINAL PROPERTIES. It was long ago used as a tonic by the aborigines of this country, but its properties were not fully investigated, and its remedial character appreciated by the profession, until the publication of Dr. Andrew Anderson's excellent inaugural dissertation on the Eupatorium Perfoliatum, in 1813. From that time to the present its reputation has been increasing. It is peculiarly valuable from the diversified effects that may be produced by it, by varying the preparation and the dose. These may be so modified as to secure its operation as a tonic, emetic, laxative, and sudorific; and from its effects in opening the secretions of the whole system, there is, perhaps, no other bitter or tonic, of equal activity, that can be exhibited in febrile affections, with so little danger of increasing excitement or producing congestion. In the year 1814, while resident physician to the New-York Almshouse, I had frequent opportunities of testing its tonic powers, as it was enjoined, from motives of economy, upon the medical department of the institution, to substitute this article for the Peruvian bark, when it could be done with safety to the patient. In many instances it is proved an efficacious substitute. It is a valuable emetic in the early stage of autumnal intermittents. Perhaps the greatest objection that can be offered to its general use, is its nauseous and disagreeable taste.

MEDICINAL PREPARATIONS. As a tonic, in intermittent fevers, when there is no danger from excessive excitement, and in dyspeptic complaints, the leaves and flowers may be given, in substance or in cold decoction; in these cases aromatics are sometimes advantageously combined with it. The warm decoction, in large doses, operates with great certainty and safety as an emetic. In smaller doses, it may be given as a tonic, when bark is inadmissible. All its preparations will, in most instances, produce diaphoresis, and quicken the peristaltic motion; but a warm infusion is preferable when the principal object is to promote perspiration.

DOSES. ℈j. to ʒj. of the powdered leaves and flowers; ʒij. to ʒiv. of the decoction, when its tonic effects are required, and double this quantity may be given every half hour as a sudorific.—*Paris's Pharm.* Caution should be used in administering it to pregnant women, as it has sometimes produced abortion.

DESCRIPTION of a new instrument for making permanent extension in fractures of the thigh-bone accompanied by a shortening of the limb.

By A. H. COGSWELL, M. D.

The manner of treating fractures of the thigh-bone, accompanied by a shortening of the limb, has occupied much attention and been the subject of considerable controversy among some of the most celebrated surgeons. Various methods have been adopted for the purpose of preserving the proper length of the limb, while a re-union is taking place, and each one in its time has had its advocates. ut to every method that has been proposed, there are some important objections; and every one that has been much used has frequently failed of effecting the object. Some of them are wholly inefficient, while others produce so much distress to the patient, as to induce him to prefer a shortened limb to the torments of such an apparatus.

There are at the present day two principal methods of managing these accidents. One consists in placing the limb in a semi-flexed position, with the intention of relaxing the muscles which produce the retraction; the other, in making a permanent extension of the limb for the purpose of overcoming the action of the muscles. Both methods have their advocates; the former mostly among the English surgeons. It was first adopted and recommended by Mr. Pott. He placed the patient upon the side, with the knee and thigh moderately bent, resting upon pillows. But the objections to this position are so obvious, that it is abandoned at present by all good surgeons, and therefore requires no further notice. There is another flexed position which has many respectable advocates. It consists in placing the patient upon his back, with the knee bent across an angular box, as it has been called, or two inclined planes, the upper end of each meeting under the knee, and the thigh a little bent upon the body. If all the muscles concerned in the retraction of the lower portion of the bone could be completely relaxed by this position of the limb, it would be very advisable; but that they cannot, must be obvious to any one acquainted with the muscular structure of the thigh. Every limb is furnished with flexor and extensor muscles, which being antagonists to each other, in relaxing one set, we necessarily extend the other. And, by examining the situation of each individual muscle concerned in a case of this kind, any one may satisfy himself that very little, if any thing, can be gained by placing the limb in this position; and it must be acknowledged, that when there is much shortening of the limb, it is impossible to obviate it by any position without making ex ion: and to preserve its full length until a re-uni can take place, it is necessary that the extensio should be kept up for some time. It therefore becomes an important object with the surgeon to ascertain the means of making permanent extension of the limb, in such cases, with the least inconvenience to the patient. Various means have been contrived for effecting this purp se, which are familiar to every well informed surgeon, and therefore it would be superfluous to spend any time in describing them. It is sufficient to observe that there are important objections to all of them, which are well known to those who have had an opportunity of giving them a trial; and have been particularly noticed by surgical writers. It is therefore unnecessary to give a detail of them in this place.

In making extension of a limb, counter-extension is necessary; and this may be effected most perfectly, and with the least inconvenience to the patient, against the bottom of the foot of the sound limb. It is accustomed to pressure from its supporting the weight of the body in walking, so that no uneasiness or ill consequences can arise from this source.

In a case of fractured thigh-bone, the extension should be made gradually, and increased occasionally, as the straps by which the limb is attached to the instrument may become relaxed; and this may be most conveniently and effectually accomplished by means of a screw.

Upon these principles I have constructed an instrument for this purpose, in the following manner. It consists of a splint made of firm wood, of sufficient length to reach from the middle of the thigh to ten inches below the bottom of the foot, and three inches wide; that part of it below the foot three fourths of an inch thick, and decreasing from the foot upwards, to three eighths of an inch thick at the upper end. (1) *See the plate.* Ten inches from the lower end is afoot-piece, (a) against which to place the foot of the sound limb to make the counter-extension. Commencing about an inch below this foot-piece, and continuing to the lower end, is a groove or opening in the centre about an inch wide, through the whole length of which passes an iron screw. This screw passes through a moveable foot-piece, (b) to which is to be attached the foot of the broken limb; it being on the side of the splint opposite to the other foot-piece.

In the application, the sound limb is to be confined by a proper splint, so as to be rendered inflexible at the knee. This splint is then to be placed between the legs and fastened to the sound one by means of straps, with the foot resting against the immoveable foot-piece, (a) and fastened to it; a cushion being placed between the splint and the sound limb. The moveable foot-piece (b) attached to the screw is to be brought to the upper end of the groove, and the foot of the fractured limb fastened to it by means of a gaiter or laced stocking, made of firm leather, and formed in such a manner as to fit neatly about the ankle and upon the instep, and furnished with straps. The foot being thus attached to this foot-piece, will be effectually prevented from turning outwards, a circumstance which has been found difficult to prevent. The splint being thus applied, by turning the screw any degree of extension that is necessary, may be made in a gradual manner, and renewed from time to time as the straps may become relaxed. If, upon making the first extension, the muscles contract and shew resistance, by waiting a short time they will give way, when the extension may be renewed, and thus continued until carried to a sufficient extent.

In this splint, all the objections to Desault's and its different modifications, are obviated. The counter- extension is made against a part which affords perfect resistance, and is not liable to receive any injury from the pressure upon it. By making the extension and counter-extension in this manner, the pelvis will be turned somewhat obliquely, but when a certain degree of obliquity is produced, it then remains immoveable, and affords a perfect resistance. The patient is not confined upon his back, but may sit in a recumbent posture. By this means, an unfavorable circumstance of some importance may be obviated. When the thigh-bone is fractured below the trochanters, the lower end of the upper portion of bone is said to be projected forward of the upper end of the lower portion, by the contraction of the psoas magnus and iliacus internus. By bending the thigh upon the body, as in the recumbent position, these muscles are relaxed, and this occurrence prevented. The patient may be moved without any danger of displacement.

It will be proper to dress the fractured parts with small splints and bandages in the ordinary way, for

the purpose of additional firmness and security; but they may be removed from time to time with perfect ease and safety.

By the turning of the pelvis, the foot of the fractured limb will be drawn below that of the sound one, before a sufficient degree of extension is made. The comparative length of the two limbs must therefore be determined by measuring from the spinous process of the ilium to the malcolus internus, and not by comparing the bottom of the feet.

For the purpose of relieving the ankle and instep of the fractured limb, by which it is attached to the foot-piece, the gaiter may be occasionally laid aside, and a silk handkerchief around the ankle substituted for it, taking care at the same time to prevent the toes from turning outwards.

When the surgeon is called upon the first occurrence of an accident of this kind, the parts should be adjusted, the limb placed in an easy position, and dressed with small splints and bandages, rather loosely applied. This is all the dressing that will be required, until the consequent inflammation has subsided; to effect which, bleeding and a cathartic may be proper, if the patient is robust. After the inflammation has subsided, this splint may be applied, and the necessary degree of extension produced.

In a case which occurred in my practice, a middle aged robust man fell from the frame of a building, fractured the thigh-bone obliquely about four inches below the trochanter major, and dislocated the wrist. The fractured limb was shortened about three inches. It was treated as above directed. The inflammatory action was considerable, but subsided on the third day from the accident, when this instrument was applied. He expressed great satisfaction with the use of it. The use of the gaiter was alternated with that of a silk handkerchief or bandage around the ankle, by which the uneasiness arising from that source was obviated. Whenever the sound limb became much wearied from constant extension, it was detached from the instrument and suffered to rest for a short time, and no bad consequences arose from this practice; for when the muscles had been extended for a considerable time, they did not contract immediately on being liberated. When he commenced walking upon crutches, which from an impatienc of confinement was rather premature, the broken limb was quite as long as the other; but from endeavouring to bear some weight upon it before it had become perfectly consolidated, it became slightly shortened. This case demomstrated the utility of the instrument, and convinced me that if its use had been continued a little longer, and he had avoided a premature use of the limb, the cure would have been complete.

Since making the above instrument, a delineation of Hagedorn's splint has come under my observation, as given in "*Cooper's First Lines of the Practice of Surgery.*" This consists of a splint placed upon the outside of the sound limb, having a foot-piece at the lower end, to which both feet are attached, so as to bring the bottoms of them upon the same line. If the pelvis were immoveable, this splint would preserve the broken limb of the same length as the sound one; but as the pelvis readily turns obliquely, although the lower fragment cannot be drawn upwards, yet the upper one will be drawn downwards, and the limb become considerably shortened, while the bottom of the feet remain upon a level, and thus the object is not effected. This imperfection in Hagedorn's splint must be obvious to every one; and to remedy it, Professor Gibson, of Philadelphia, has attempted an improvement upon it by adding another splint upon the outside of the broken limb, and extending both to the arm-pits, and connecting them by bands passing around the body in several situations. All this he has done to prevent the body from inclining to one side; and one would suppose, from reading his observations on the subject, that he really imagined that by securing the body, he could prevent the pelvis from turning. But Professor Gibson seems to have forgotten, that the connexion between the pelvis and spine is such as to admit of motion between them. Any one may satisfy himself in a moment that the pelvis may be turned obliquely, and consequently the bottom of one foot carried below the other, without inclining the body to either side. So that, with all the Professor's apparatus, confining the patient upon his back, he cannot effect his object.—(See Professor Gibson's observations in the Philadelphia Journal, vol iii. p. 217.)

Explanation of the Plate.

1, The splint entire.

a, The immoveable foot-piece, against which is placed the foot of the sound limb.

b, The moveable foot-piece, through which passes the screw c, and to which is fastened the foot of the fractured limb.

2, A side view of the splint without the foot-pieces, shewing the mortise for the immoveable foot piece, and holes for the passage of straps by which it is fastened to the sound limb, and the opening at the lower end with the screw passing through it.

3, The immoveable foot-piece separate.

4, The moveable foot-piece separate, shewing the holes for the passage of the straps, by which the foot of the fractured limb is fastened to it, and a hole for the passage of the screw.

The above is the most simple construction of the instrument, and may be applied to either limb. Each foot-piece may be made of one piece of wood, or of two, as in the plate. Or they may be fashioned to the shape of the feet; but in this case there must be two sets of foot-pieces, for the purpose of applying it to either limb.

CURE FOR WORMS.

As considerable excitement has been created in several sections of the Union, from the publication made in this paper of the 13th ult. relative to the important discovery of Mr. Aaron Hannum, for the expulsion of worms, and in consequence of which we have been solicited to give more particulars through the medium of the above letter as well as by public journals, we shall endeavor to satisfy the public excitement, not only from verbal information, but from ocular demonstration, as to the powerful efficacy of the Cedar Apple upon those within our knowledge who have taken it, as well as the impossibility of its doing any injury to those who may eat the apple.

1st. The Apple or Knot is to be found upon the *Red Cedar*, the white cedar tree is not to be found, we believe, in this country.

2d. The apple bears no resemblance in shape, size, or any similarity, to the Cedar berry. The apple is a sort of excrescence, and which is to be found at all seasons of the year, on the small boughs or twigs of the cedar tree, "varying in size from the hazel to that of the black walnut," bearing a strong resemblance to a nitted potatoe. The apple which is of last year's growth, and perfectly dried, does not look like the orchard apple, and is not so bitter as those of this year's growth, but as a medicine, they possess the same virtue as those that are green, and can be grated or pounded fine, and taken in molasses.

3d. The apple, which contains some moisture, can be eaten like any other fruit. The quantity Mr. H. recommends, just as they come from the tree, is one for every year the child is old, and to be taken nine mornings in succession, fasting.

From our own experience of the efficacy of the Cedar Apple, we should say that a much less quantity would do. However, the apple is perfectly innocent, and any quantity may be eaten without being attended with any bad effects. To prove that a small portion will answer, we will cite a case. A lad 18 years of age, belonging to this office, eat a piece of last year's apple about the size of a *pea*, and in 24 hours afterwards, no less than *twenty-four* worms were expelled—and in another case in the neighborhood, of a child seventeen months old, who eat about half an apple, and one hundred were expelled, and we are happy to say, that in no instance have we heard as yet, that the remedy has failed in having the desired effect.—*Penn. Upland Union.*

THE CEDAR APPLE.

A gentleman of unquestionable veracity, called at our office this week, and informed us of an experiment which was made a few days ago with this apple on a colored child about two years old, at his farm in this neighborhood, the results of which were truly satisfactory.

The child took the apple of last year's growth, reduced to powder, and prepared in syrup, two successive mornings, fasting. The consequence of which was, the expulsion of more than a *pint of worms*. The child, though much reduced and debilitated by fever previously to the apple being administered, is now doing well, and has had a complete return of appetite for food.

Indiana Recorder, of Aug. 1826.

M. Cruveilhier *on the Texture of the Liver.*

"From injections of liquids, variously coloured, into the vessels of the *liver*, and the excretory canals of the bile, M. Cruveilhier infers. 1st. That the granulations of which the *liver* appears to be composed, are surrounded with a dense cellular tissue, of a whiter colour than the granulations themselves.

2nd. That the ramifications of the hepatic artery are spread out in this granular envelope.

3rd. That the ramifications of the vena porta surrounds the granulations themselves.

4th. That the radicles of the super-hepatic veins and those of the excretory canals are in the centre of the granulations.—*Anderson's Quar. Jour.*

TRANSYLVANIA UNIVERSITY.

Medical Department.

THE LECTURES will commence, as usual, on the first Monday of November, and terminate in the first week of the ensuing March.

Anatomy and Surgery, by Dr. Dudley.
Institutes of Medicine and Clinical Practice, by Dr. Caldwell.
Theory and Practice of Medicine, by Dr. Drake.
Obstetricks and the Diseases of Women and Children, by Dr. Richardson
Materia Medica and Medical Botany, by Dr Short.
Chemistry, by Dr. Blythe.

The paper of the Bank of the Commonwealth of Kentucky, heretofore received at par, by the Professors, having nearly gone out of circulation; specie, or its equivalent will hereafter be expected.—The price of each ticket is fifteen dollars, with the exception of that to the course of Anatomy and Surgery, which is twenty. The Matriculation, with admission to the Library and Reading Room, which are kept open every day, is five dollars,—making the aggregate fees for instruction $100.

The Library, containing about 3000 volumes, is constantly augmenting, by the importation of new standard and periodical works, from Great Britain and the continent of Europe.

The difficulties experienced by the two last Classes, from the disproportionate size of the *Anatomical Hall*, have been obviated by the erection of a new one, of enlarged dimensions, with appurtenances and conveniences not surpassed by any other in the United States.

By order of the Faculty,
DAN. DRAKE, M. D.
Dean of the Medical Faculty.

Transylvania University, July 15, 1826.

THE OHIO MEDICAL REPOSITORY
Is conducted by GUY W. WRIGHT, M. D. and published semi-monthly, at *Two Dollars* per annum, in advance.